ALBERTA HEALTH FACILITIES REVIEW COMMITTEE

ANNUAL REPORT

The Alberta Health Facilities Review Committee encourages dialogue about operations and services within Alberta's health care facilities and senior citizens' lodges. By promoting communication and by encouraging problem resolution, the Committee affects the lives of many Albertans.

1991

ALBERTA HEALTH FACILITIES REVIEW COMMITTEE

March 25, 1992

The Honourable Nancy Betkowski
Minister of Health
Room 323, Legislature Building
Edmonton, Alberta

Dear Mrs. Betkowski:

I have the honour to present the Annual Report of the Alberta Health Facilities Review Committee, summarizing the activities of the Committee for the year ending December 31, 1991.

Respectfully submitted,

John Drobot

John Drobot, M.L.A.
Chairman
Alberta Health Facilities
Review Committee

92-07958/

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MEMBERS OF THE COMMITTEE 1991

John Drobot, M.L.A.
Chairman

Mollie Warring
Vice-Chairman and
Complaints Coordinator

Charlotte Annable

Sam Dymianiw

Marsha Graham

Dr. William Keir

Eunice Maris

Carolyn Mick

Abe Remtulla

Sheila Stilling

Tom Thurber, M.L.A.

Sheila Torsher

ACKNOWLEDGEMENTS

The work of the Health Facilities Review Committee is coordinated and supported through the efforts of its staff.

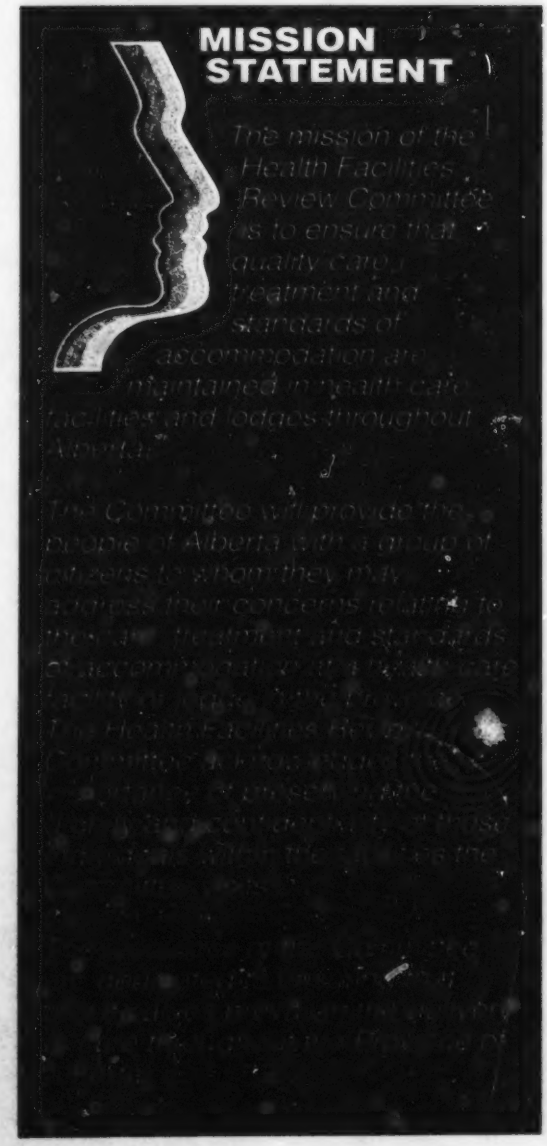
In 1991, staff included (left to right) Gloria Ulrich, who replaced Amelia Griffin (Executive Assistant), Margaret Dalton, (administrative support staff), and Irene Sinclair (administrative support staff).

The Committee is very appreciative of the commitment and energy of these three members, and recognizes their contribution to its work.

The office of the Committee is located on the second floor at Pacific Plaza, 10909 Jasper Avenue, Edmonton, AB, T5J 3M9. Telephone 427-4924.

The Health Facilities Review Committee

Since its establishment in 1973, the Health Facilities Review Committee has had an active role in reviewing health care facilities and senior citizens' lodges. The Committee has a mandate to review and inspect the facilities, and observe the manner in which they are operated. Included in this mandate is the responsibility for receiving and investigating complaints.



The Committee consists of twelve citizens, of different ages and backgrounds, from various communities in the province. Members are appointed by Ministerial Order for terms ranging from one to three years. All members serve on the Committee on a part-time basis, and are not employees of the provincial government.

The Committee conducts its business through routine reviews of facilities, complaint investigations, monthly Committee meetings, special meetings, and ongoing communication with stakeholder groups including Alberta Health, health care facility administrators, senior citizens' lodge operators, patients, residents and their families.

The Committee operates under the Health Facilities Review Committee Act. Copies of the Act may be obtained from:

Publication Services
Queen's Printing Building
11510 Kingsway Avenue
Edmonton, Alberta T5G 2Y5
427-4952

Publication Services
Main Floor, McDougall Centre
455 - 6th Street, S.W.
Calgary, Alberta T2P 4E8
297-6251

The Committee At Work

LISTENING AND LEARNING

The Health Facilities Review Committee encourages dialogue about operations and service within Alberta's acute care hospitals, long term care facilities, mental health hospitals, special care centres and senior citizens' lodges. By promoting communication and by encouraging problem resolution and the sharing of ideas, the Committee works to improve the quality of life for patients and residents in Alberta's health care facilities and senior citizens' lodges.

Routine Visits

Routine visits are scheduled for all facilities every one or two years to aid the Committee in fulfilling its mandate to monitor the quality of care, treatment and standards of accommodation maintained in health care facilities and lodges throughout Alberta.

The Committee's mandate includes almost 400 health care facilities and senior citizens' lodges throughout the province. In 1991, 180 routine visits were conducted. These included 65 acute care hospitals, 35 long term care facilities, two mental health hospitals, two special care centres and 76 senior citizens' lodges.

On most routine visits, a two member team visits a facility unannounced. Larger facilities are reviewed by three or four members. The team meets with a member(s) of senior management and then speaks with patients or residents, family members, visitors and staff. These visits also include reviewing operations in various support departments.

The tone of these visits is one of facilitating dialogue. The intent is to encourage frank, open discussion about the facility and the care provided within it. This discussion includes compliments as well as concerns. Highlights of the visit are included in a verbal and, most times, a written report to the facility's board of trustees and senior management.

A report covers such topics as patient/resident care and satisfaction, staff attitude and morale, activities and programs, community involvement, dietary services, medication distribution, environment, and general physical condition of the facility. Included are recommendations for problem resolution, which are communicated on a confidential basis. When a serious area of concern is identified, recommendations are also forwarded to the appropriate provincial minister. Concerns regarding senior citizens' lodges are sent to the Minister of Municipal Affairs and Responsible for Housing; concerns about all other facilities are directed to the Minister of Health.

The Committee's recommendations are usually implemented by a facility within three months. Follow-up communication regarding implementation, including another visit if necessary, is the final step in a routine review.

Complaint Visits

In responding to the concerns of patients, residents and family members, the Committee serves as a facilitator, helping to open lines of communication and to encourage the resolution of specific problems.

Investigation of complaints takes priority over routine visits. Upon receiving a complaint in writing, by telephone or in person, the Committee forwards an "Authorization to Investigate" form for the complainant or legal guardian to sign. This initiates the investigation process, which usually begins with an interview with the complainant. If the complaint is outside the Committee's jurisdiction, the complainant is asked for permission to refer it to the appropriate authority, e.g. a complaint about medical judgement would be forwarded to the College of Physicians and Surgeons.

In all cases, complainants are encouraged to attempt a resolution of their concerns through dialogue with staff, management or the board of the facility. In some cases, complainants are uncomfortable with pursuing a complaint because of a perceived risk of repercussions to the patient or resident. If the complainant does not authorize a formal

investigation, the Committee may identify the general concern as an item to be considered in the next routine review of the facility.

Specific complaints are investigated immediately; more general or non-specific complaints are usually handled on the next routine visit to the facility. The team begins the complaint investigation by talking with all parties involved. Often, a lack of communication is the root of the problem and solutions become apparent during these discussions. With some complaints, the team develops recommendations for conflict resolution and, based on these suggestions, the parties usually work together to develop acceptable solutions. Monitoring continues on those cases which require longer periods of time for implementation.

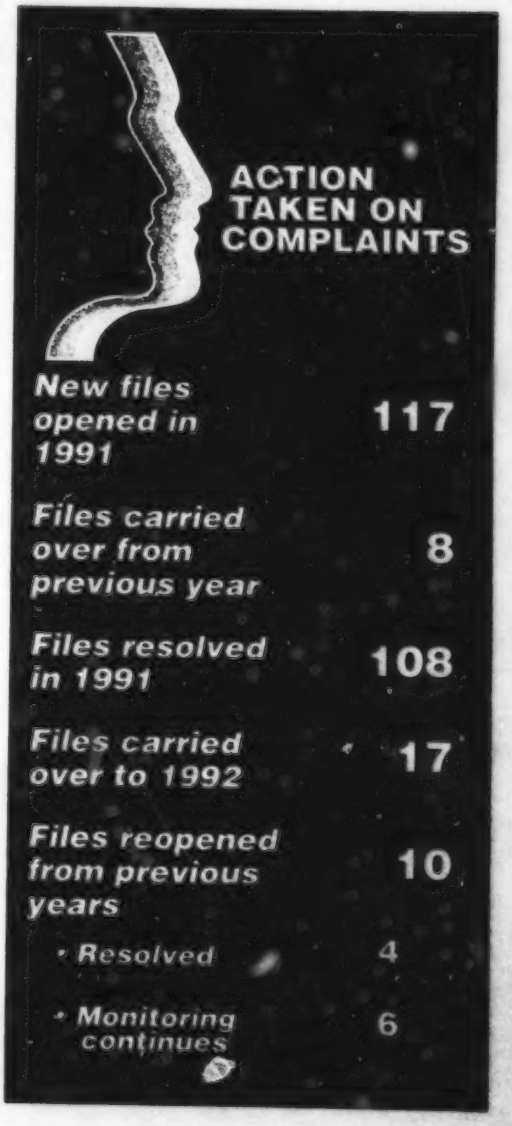
Complaint resolution can be a time-consuming process. However, the Committee finds that board members, senior management and staff are generally very receptive to patient/resident and Committee suggestions for problem resolution.

In 1991, 117 complaints were received:

- acute care facilities - 56
- long term care facilities - 36
- mental health hospitals - 2
- special care centres - 1
- senior citizens' lodges - 22.

This significant increase — up from 90 complaints received in 1990 — can be attributed to:

- increased promotion of the committee's role, availability and problem-solving history;
- increased awareness of the rights of patients/residents;
- increased concerns arising from budget restrictions and their impact on the provision of care.


ACTION TAKEN ON COMPLAINTS
New files opened in 1991 117
Files carried over from previous year 8
Files resolved in 1991 108
Files carried over to 1992 17
Files reopened from previous years 10
• Resolved 4
• Monitoring continues 6

The following provides the nature and source of complaints in 1991:

1991 COMPLAINTS RECEIVED BY THE HEALTH FACILITIES REVIEW COMMITTEE, BY TYPE

	6			2
	12	1	2	
	1			2
	4	1	1	2
	3			1
	29	8	2	3
	7	4		
	4	2	2	2
	12	1		1
	7			2
	1			
	3			
		1		
	4			
	3	2		
	3	3		
		1		
	11	4		1
	13	15	2	9
	10	6	4	6
	7	1	1	1
				2
	2			
	9	2		2
	15	5		2

PROBLEM RESOLUTION

The Committee operates on the principle that open communication is the best tool for resolving conflicts. It is important to assist parties in understanding the nature of a problem and any expectations or limitations which might affect its resolution. Once there is a clear understanding of the issues and viewpoints involved, problem resolution becomes a shared task among all stakeholders. When the problem is resolved successfully, parties gain confidence in their ability to address and resolve future concerns together.

A misunderstanding or miscommunication can create conflict and duress for patients/residents and their families. In the case of one complaint brought to the Committee, a daughter and father were told that their mother was next on the list for a long term care facility closer to the father's home. While they waited, the family became aware that others were being admitted ahead of their mother. Upset with this news, they lodged a complaint with the Committee stating that the placement system seemed unfair. The family requested an explanation from the administrator of the facility and a representative of the regional assessment and placement service.

It was discovered that there had, in fact, been 12 people admitted to the facility since the mother's name had been put on the waiting list. However, the Committee found that each of these admissions was within the established guidelines for assessing and placing people within the region. Seven admissions were internal transfers between the two levels of care available at the facility, and the remainder were made on the basis of emergency situations, the return of a resident from an acute care hospital, or the reunification of a resident with an immediate family member.

In many areas of the province, central assessment and placement services or committees have established processes

and criteria for admitting residents. These policies are designed to take into account the effective use of health care resources at acute and long term care centres, as well as the needs and preferences of residents and their family members. Effective wait list management is seen as a process of meeting and prioritizing the needs of the individual — service is not necessarily provided on a *first come first served* basis.

The Committee communicated this information to the family, who expressed their satisfaction with the response they received to their concerns. The mother received the next available bed at the facility.

CASE STUDY TWO

In responding to complaints, Committee members often encounter situations where families are trying to cope with the myriad of issues which arise when a loved one becomes more dependent or hospitalized because of significant changes in his or her physical and mental state. The concerns of family members can become exacerbated if there is a lack of communication about the care their loved one receives. In one case, the Committee was asked to investigate a son's concern about the diagnosis, prognosis and treatment of his mother. He was specifically concerned about several incidents involving falls and "disappearances" of his mother from the facility. He felt that the facility had not made adequate efforts to contact him on these occasions, and was concerned about the level of security available at the facility.

Two Committee members made an unannounced visit to the facility immediately following a meeting with the son. Over the next day and a half, the investigating team met with senior nursing management, nursing staff on two units, the mother's social worker and family physician, and the manager of security. In addition, they reviewed the mother's medical record, all incident and security reports on her, and all policies and procedures on restraints, unusual incidents and missing patients.

It was discovered that the mother had been in poor health for a number of months, and was admitted to the hospital for treatment of dehydration and pneumonia. While there, she exhibited behaviours such as wandering and confusion. After several incidents of wandering and an occasion where she used her lighter to start a fire with a facial tissue in her room, the mother was placed on close observation which required staff to look in on her every 15 minutes. Despite this, she had an unobserved fall. On another admission, while waiting for placement in a long term care facility, the mother had another unobserved fall. Shortly after this fall, the son contacted the Committee to conduct a complaint investigation.

The investigating team met with nursing and security staff to discuss the case. The team concluded that proper procedures and policies had been followed in every incident, and that there had been significant efforts made to contact the son to discuss his mother's behaviour. The son had given only one phone number and staff found it very difficult to reach him.

The Committee recommended a care conference, with all parties involved coming together to discuss concerns and questions about the mother's care. The conference was arranged and Committee members contacted the son and the social worker following the event. The son was satisfied with the care plan developed for his mother and the plans for her transfer to a long term care facility once she had recuperated from her fall injuries.

WORKING FOR CHANGE

Although the Committee primarily focuses on situations within individual facilities, members are also responsible for sharing the information gained during the course of their work.

Monthly meetings of the Committee provide members with an opportunity to review visit information. Recent developments in policies and health care information are also shared, and speakers are invited from government departments and health agencies.

Special meetings and speaking engagements throughout the year (see Appendices 2 and 3) provide opportunities to share information and promote dialogue about the work of the Committee. Attendance at special conferences also provides an opportunity for communication and learning.

Monthly reports highlighting the Committee's visits, concerns and recommendations are submitted to the Minister of Health and Minister of Municipal Affairs and Responsible for Housing. This communication ensures that decision-makers within government are kept informed of the Committee's ongoing observations.

Challenges of the '90s

MEETING THE NEED

In the course of routine and complaint reviews, Committee members identify key issues which require attention and response by the caregiving community. As in previous years, several of the current issues of 1991 affect all health care facilities and senior citizens' lodges.

Health Promotion

Health promotion is defined by the World Health Organization as the process of enabling people to increase control over, and improve, their health and the factors which influence their health.

Health promotion combines personal choice with social responsibility for health, and directs people's attention to their lifestyle choices and the physical, social, economic and political environments in which they live. It recognizes self-esteem, coping and adaptive skills, and purpose in life as essential contributors to physical and mental well-being. And, it acknowledges the right and responsibility of individuals to control their own health.

In 1989, the *Rainbow Report: Our Vision for Health* was presented to government by the Premier's Commission on Future Health Care for Albertans. Its recommendations included increased activity in promoting health and community based health services.

In keeping with the movement to encourage a healthy and active lifestyle through all stages of life, the health care community is expanding its efforts to be a partner in health promotion. A healthier population places less of a strain upon the "sickness" systems. Therefore, health professionals and facilities are joining health units, government agencies and community groups in a cooperative effort to promote health.

Promoting health and helping people make the choices and changes which provide health benefits, results in Albertans developing skills for health management with less medical

intervention. All stakeholders — urban and rural — have an important role to play in promoting health to their residents/patients, staff and communities.

Aging of the Population

The growth of an aging population in Alberta, and elsewhere, has only begun to impact on available resources. With the current emphasis on health promotion and community support, admission of seniors to health care facilities and lodges tends to be deferred. The challenge for those delivering assistance and care is, and will continue to be, the integration and coordination of innovative programs by facilities and agencies.

Volunteerism

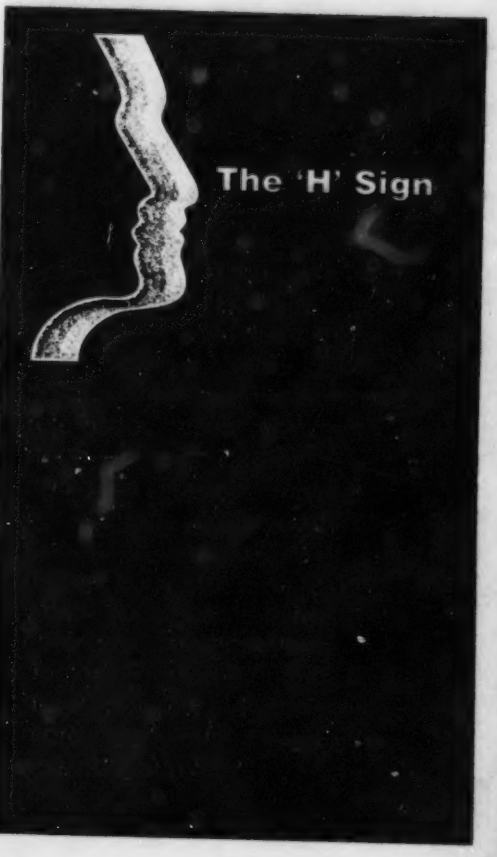
Volunteers are becoming increasingly more important as a means to enrich the services and programming available within facilities. Committee members have noticed an increased emphasis on the recruitment, specialized training and recognition of volunteers. Volunteers make an essential contribution to the quality of life for patients and residents.

ACUTE CARE FACILITIES

Among the issues identified within Alberta's acute care facilities were the following:

Emergency Services

Emergency Departments, and people who use them, have identified a need for better communication upon discharge. Discharge planning is particularly important in the case of an elderly patient. Discussion with the patient, his or her family, Home Care and other services can help ensure a smooth transition from medical intervention to home recuperation.



Waiting time has also been cited as a concern for some patients and their families. In most cases, investigations reveal that delays were the result of medical attention to more urgent cases. Some hospitals have addressed this issue by posting signs explaining the hospital policy of assessing and treating the most severe cases first. Communication efforts such as signage and verbally informing the patient at the time of admission can help emergency patients to adjust their expectations.

Delivery of Services

The themes and focuses emerging in acute care include the rationalization and coordination of services within health care centres and surrounding areas. This direction has been propelled by factors such as the need to increase efficiency of services and to respond to pressures from health care consumers to receive services which accommodate their changing lifestyles and needs. The greater use of day surgery programs, technological innovations to deliver pre-operative information, and reducing the length of stay, are examples of initiatives being implemented. The process of completing role statements on a province-wide basis and the emphasis on reducing the duplication of services facilitates the redefinition of acute care service delivery for the future.

LONG TERM CARE FACILITIES

The term *long term care facility* includes what were previously known as nursing home facilities and auxiliary hospitals. This change supports the overall philosophical shift of the past decade, away from custodial care to holistic restorative care, and emphasizes residents' independence and choice.

Within long term care facilities, the following issues were identified:

Physical/Rehabilitation Care

At any given time, there are several vacant physiotherapist and rehabilitation therapist positions in Alberta's long term care facilities. The Committee has identified recruitment difficulties as the major issue associated with this problem. Facilities have been struggling to meet this challenge through intensive recruitment campaigns and incentive programs.

Rehabilitation is important to older residents who need assistance to maintain their level of physical functioning and quality of life. The Committee supports rehabilitative therapists in their efforts to address the staffing difficulties. These efforts include promoting an increase in the number of qualified therapists available in the province, and exploring ways to use trained auxiliary personnel to aid and assist in delivering physical and rehabilitative care.

Recreation

When a person is admitted to a long term care facility, they leave behind the familiar activities that gave them pleasure in their leisure time. These activities are as much a part of their needs as shelter and food. Meeting these needs creatively is a constant challenge for facilities. To broaden the scope and nature of available services, long term care facilities are recognizing the need to "tap-in" to community and volunteer resources to supplement their own efforts, so that residents can benefit from a variety of activities which increase their enjoyment and quality of life.

Dietary

Long term care facilities are not immune to the significant physical, social and even religious aspects of dining. In an environment where many things are "not like home," residents expect that their food, at least, will be more familiar.

Overall, the Committee has noted a very positive move toward nutritional and appealing meal options for residents. In particular, there is an increased recognition of the importance of individual choice. Buffet meals, salad bars, menu selections and posting of menus are all growing in popularity. Experiments with items such as puréed foods, with an emphasis on presentation and flavor, are also adding to the appeal of facility meals. The Committee expects that more facilities will expand their nutritional and menu options for residents in the future.

Special Needs Units

There is a growing trend toward providing residents who have special cognitive or behavioural needs with care in a special unit of the facility. This allows for a quiet, secure environment and specially trained staff. Facilities which introduce special needs units report increased resident and family satisfaction.

Case Mix Index

The Resident Classification System was introduced in 1989 as a means of establishing a consistent standard of funding based on the level of care provided to residents. Using this system, each facility's Case Mix Index (CMI) is based on the classification of its residents. Funding is then allocated in relation to the CMI. For example, a high CMI indicates a larger number of patients requiring more intensive care. In general, the system has been positively received as the first step to standardizing funding allocations across the province.

During 1991, concerns were expressed about the time delay between when the classifications are done and when the results are received. During this delay, a facility's CMI could have changed and funding based on the original assessment level could prove to be inadequate. There is a need to further monitor and, if necessary, respond to concerns regarding the resident classification system.

SENIOR CITIZENS' LODGES

The Committee acknowledges the unique role of senior citizens' lodges in Alberta, under the jurisdiction of the Housing Division of Municipal Affairs. Senior citizens' lodges, which are not health care facilities, were initially designed to provide housing and meals for independent seniors. They now have an increased number of older residents who require more specialized services than ever before. The growing importance of lodges to meeting the needs of seniors is recognized by their representation on many of the province's assessment and placement panels.

Lodge operators have been adapting services to meet the changing needs of their clients. With the support and direction of the Alberta Senior Citizens' Homes Association, initiatives such as the Medication Assistance Program (MAP) and operational standards have been developed and implemented. These initiatives have assisted lodge operators to recognize and respond to residents' needs.

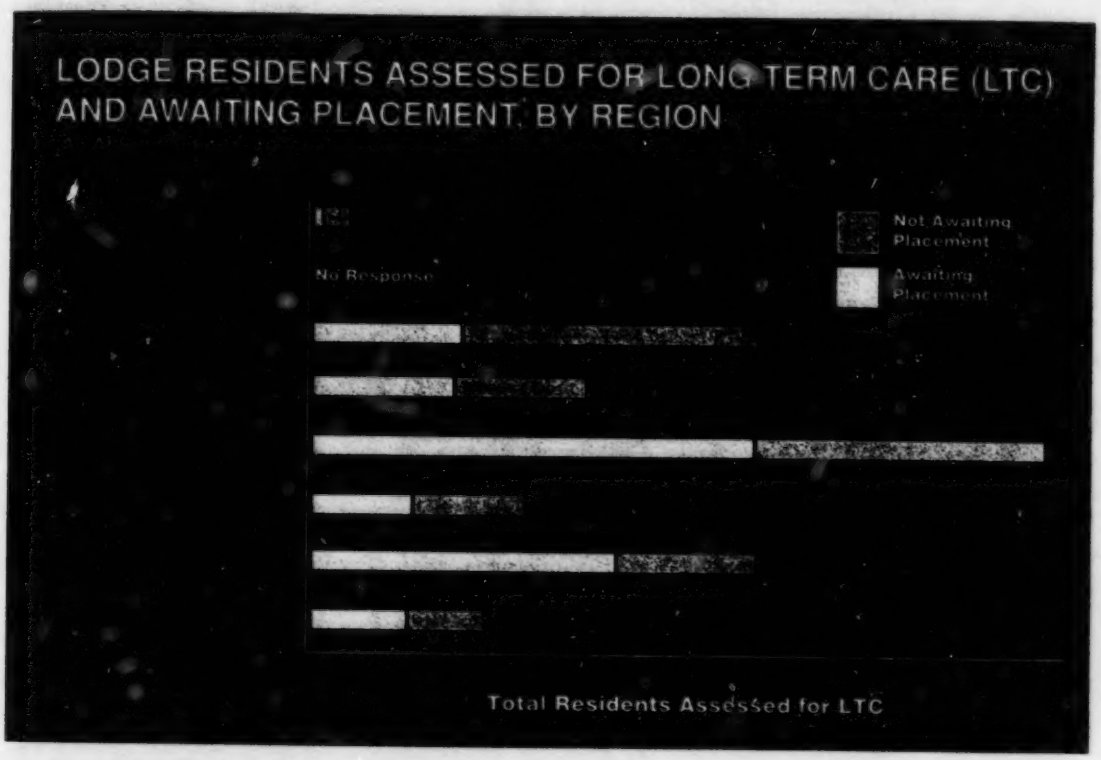
HFRC Survey Results

The Committee released the results of its third survey of senior citizens' lodges, five years after the last such survey was conducted. This report, entitled *Foundations for the Future*, clearly confirmed the indications of previous surveys:

- residents are older (41 per cent of all residents are 85 years or older)
- lodge resident needs include a growing health care component; and
- there is increased pressure on lodges in areas where long term care beds are in high demand.

Key findings showed the average age of residents to be close to 86 years, with more than 86 per cent of residents older than

75 years of age. This increase in age of lodge residents has had a number of implications for lodge staff. In particular, older residents frequently require nursing care beyond the parameters of the existing lodge mandate or staff training. This is especially the case in areas with waiting lists for long term care facilities.


LODGE RESIDENTS ASSESSED FOR LONG TERM CARE (LTC) AND AWAITING PLACEMENT, BY REGION
Not Awaiting Placement
Awaiting Placement
No Response
Total Residents Assessed for LTC

Home Care services are provided to some residents by Alberta Health. In some lodges, staff are also involved in assisting with the daily health care needs of residents. For example, most lodges have developed a medication assistance policy and many lodges report providing assistance with bathing of residents. In addition, lodge operators have identified mental health problems as an issue of concern.

The Committee conducted the survey in order to identify and highlight the reality of senior citizens' lodges in the '90s. The concerns identified require a coordinated approach to enhance the service and accommodation options available to seniors. The Committee viewed 1991 as a significant year in bringing these issues to the forefront of discussions among stakeholder groups such as lodge operators and health care

providers. The Committee continues to recognize the quality of life, choices and independent living that provincial housing programs such as the senior citizens' lodges provide to Alberta's seniors.

Vacancy Rates

In June of 1991, the Housing Division of Alberta Municipal Affairs released a report on vacancy rates in senior citizens' lodges. The data, collected in 1989, was an important step in addressing the issue of vacancy rates.

The study found that community factors, such as low senior citizen population as compared to the number of lodge units available in the area, were major contributing factors to high vacancy rates in lodges. Other factors identified included:

- community perception of the lodge
- proximity and availability of other facilities for seniors
- level of community resources (medical/retail services)
- availability and accessibility of transportation from the lodge to services
- involvement of foundation boards
- training and skills of lodge managers and staff
- residential and meal services
- autonomy, independence and privacy issues
- external issues such as programs and supports which encourage the elderly to stay in their own homes longer.

Vacancy rates, and innovative ways of reducing those rates, were identified by the Committee as a particular concern for the approximately 25 per cent of lodges which account for the large majority of all vacancies in the province.

Appendices

- **MEETINGS**
- **CONFERENCES AND CONVENTIONS ATTENDED**
- **PRESENTATIONS**
- **LIST OF FACILITIES**

Meetings held with Health Facilities Review Committee Members:

Ms. Carolyn Adams, Patient Care Services Consultant, Alberta Health

Honourable Nancy Betkowski, Minister of Health

Mrs. Lois Borden, Director, Home Care/Community Long Term Care, Alberta Health

Mr. Ed Collom, Waste Management Consultant, Alberta Health

Mrs. Laura Crawford, Continuing Education, Alberta Vocational College, Edmonton

Dr. Ken Hodgins, Assistant Deputy Minister, Alberta Health

Mrs. Vivien Lai, Director, Long Term Care Institutions Branch, Alberta Health

Mr. Donald Schurman, President, University of Alberta Hospital, Member of Canadian Council on Health Facilities Accreditation

Ms. Colleen Tiedemann, Director, The Capital Care Regional Services, Edmonton

Ms. Sheila Weatherill, President, The Capital Care Group, Edmonton

Conferences and Conventions Attended:

4th Annual Geriatric Symposium, Continuing Medical Education, University of Alberta, Edmonton

Alberta Healthcare Association Convention, Edmonton

People and Progress Annual Conference, The Capital Care Group, Edmonton

Palliative Care Interdisciplinary Conference, Bethany of Camrose

Health Facilities Review Committee Presentations:

Alberta Rural Hospitals Conference, Alberta Healthcare Association, Red Deer

Alberta Senior Citizens' Homes Association Executive, Calgary

Financial Managers Conference, Bear Pit Session, Alberta Healthcare Association, Edmonton

Note: This represents a listing of the physical sites and names of individual facilities. Boards of Trustees may own and operate more than one site.

ACUTE CARE FACILITIES

ATHABASCA
Athabasca General and Auxiliary Hospital

BANFF
Mineral Springs Hospital

BARRHEAD
Barrhead General Hospital

BASHAW
Bashaw General Hospital

BASSANO
Bassano General Hospital

BEAVERLODGE
Beaverlodge Municipal Hospital

BENTLEY
Bentley General Hospital

BLACK DIAMOND
Oilfield's General Hospital

BLAIRMORE
Crowsnest Pass
Health Care Centre

BONNYVILLE
Bonnyville Health Centre

BOW ISLAND
Bow Island Health Centre

BOYLE
Boyle General Hospital

BRETON
Breton General Hospital

BROOKS
Brooks Health Centre

CALGARY
Alberta Children's Hospital
Child Health Centre

CALGARY
Calgary General Hospital
Bow Valley Centre

CALGARY
Calgary General Hospital
Peter Lougheed Centre

CALGARY
Foothills Provincial Hospital

CALGARY
Holy Cross Hospital

CALGARY
Rockyview General Hospital

CALGARY
Salvation Army Grace Hospital
Women's Health Centre

CALGARY
Tom Baker Cancer Centre

CAMROSE
St. Mary's Hospital

CANMORE
Canmore General and Auxiliary Hospital

CARDSTON
Cardston Municipal Hospital

CASTOR
Our Lady of the Rosary Hospital

CEREAL
Cereal Municipal Hospital

CLARESHOLM
Claresholm General Hospital

COALDALE
Coaldale Health Care Centre

COLD LAKE
Cold Lake Regional Hospital

CONSORT
Consort Municipal Hospital

CORONATION
Coronation & District Health Care Complex

DAYSLAND
Dayland General Hospital

DESMARAIS-WABASCA
Desmarais Hospital

DEVON
Devon General Hospital

DIDSBURY
Mountain View Health Care Centre

DRAYTON VALLEY
Drayton Valley & District Health Care Complex

DRUMHELLER
Drumheller Regional Health Complex

ECKVILLE
Eckville Health Care Centre

EDMONTON
Charles Camsell
Provincial General Hospital

EDMONTON
Cross Cancer Institute

EDMONTON
Glenrose Rehabilitation Hospital

EDMONTON
Grey Nuns Hospital

EDMONTON
Misericordia Hospital

EDMONTON
Royal Alexandra Hospital

EDMONTON
Walter C. MacKenzie
Health Sciences Centre

EDSON
Edson & District
Health Care Complex

ELK POINT
Elk Point Municipal Hospital

ELNORA
Elnora General Hospital

EMPRESS
Empress Municipal Hospital

FAIRVIEW
Fairview Health Complex

FORT MACLEOD
Fort Macleod Health Care Centre

FORT MCMURRAY
Fort McMurray Regional Hospital

FORT SASKATCHEWAN
Fort Saskatchewan General Hospital

FORT VERMILION
St. Theresa General Hospital

FOX CREEK
Fox Creek Hospital

GALAHAD
Galahad Health Care Centre

GLENDON
Glendon Municipal Hospital

GRANDE CACHE
Grande Cache General Hospital

GRANDE PRAIRIE
Queen Elizabeth II Hospital

GRIMSHAW
Grimshaw/Berwyn & District General Hospital

HANNA
Hanna Health Care Complex

HARDISTY
Hardisty General Hospital

HIGH LEVEL
High Level Community Health Care Centre

HIGH PRAIRIE
High Prairie Regional Health Complex

HIGH RIVER
High River General Hospital & Nursing Home

HINTON
Hinton General Hospital

HYTHE
Hythe Hospital and Nursing Home

INNISFAIL
Innisfail Health Care Centre

ISLAY
Islay Municipal Hospital

JASPER
Seton General Hospital

KILLAM
Killam Health Care Cente

LAC LA BICHE
William J. Cadzow General Hospital

LACOMBE
Lacombe Community Health Care Centre

LAMONT
Archer Memorial Hospital

LEDUC
Leduc General Hospital

LETHBRIDGE
Lethbridge Regional Hospital

LETHBRIDGE
St. Michael's Health Centre

MAGRATH
Magrath General Hospital

MANNING
Manning General Hospital

MANNVILLE
Mannville General & Auxiliary Hospital and Nursing Home District No. 1

MAYERTHORPE
Mayerthorpe General Hospital

MCLENNAN
Sacred Heart Health Centre

MEDICINE HAT
Medicine Hat Regional Hospital

MILK RIVER
Border Counties General Hospital

MUNDARE
Mary Immaculate General Hospital

MYRNAM
Myrnam Municipal Hospital

OLDS
Olds Health Care Complex

OYEN
Big Country Hospital

PEACE RIVER
Peace River Hospital Complex

PICTURE BUTTE
Picture Butte Municipal Hospital

PINCHER CREEK
Pincher Creek Municipal Hospital

PONOKA
Ponoka General Hospital

PROVOST
Provost Health Care Centre

RAYMOND
Raymond General Hospital

RED DEER
Red Deer Regional Hospital Centre

REDWATER
Redwater General Hospital

RIMBEY
Rimbey & District Health Care Centre

ROCKY MOUNTAIN HOUSE
Rocky Mountain House General Hospital

ST. ALBERT
Sturgeon General Hospital

ST. PAUL
St. Therese Hospital and J. P. Decosse Auxiliary Hospital

SLAVE LAKE
Slave Lake General Hospital

SMOKY LAKE
George McDougall Memorial Hospital

SPIRIT RIVER
Central Peace General Hospital

STETTLER
Stettler Health Care Complex

STONY PLAIN
Stony Plain Municipal Hospital

STRATHMORE
Valley General Hospital and Extended Care Centre

SUNDRE
Sundre General Hospital

SWAN HILLS
Swan Hills General Hospital

TABER
Taber & District Health Care Complex

THREE HILLS
Three Hills Health Care Centre

TOFIELD
Tofield Health Centre

TROCHU
St. Mary's Health Care Centre

TWO HILLS
Two Hills Health Care Centre

VALLEYVIEW
Valleyview Health Care Centre

VEGREVILLE
St. Joseph's General Hospital

VERMILION
Vermilion Health Care Complex

VIKING
Viking General Hospital

VILNA
Our Lady's Hospital

VULCAN
Vulcan General Hospital

WAINWRIGHT
Wainwright & District Health Care Complex

WESTLOCK
Immaculata General Hospital

WETASKIWIN
Wetaskiwin Hospital

WHITECOURT
Whitecourt General Hospital

WILLINGDON
Mary Immaculate Hospital

MENTAL HEALTH HOSPITALS

EDMONTON
Alberta Hospital

PONOKA
Alberta Hospital

SPECIAL CARE CENTRES

CAMROSE
Rosehaven Care Centre

CLARESHOLM
Claresholm Care Centre

RAYMOND
Raymond Care Centre

LONG TERM CARE FACILITIES

AIRDRIE
Bethany Care Centre

ATHABASCA
Athabasca General & Auxiliary Hospital

ATHABASCA
Extendicare Nursing Home

BANFF
Mineral Springs Hospital

BARRHEAD
Barrhead General Hospital

BARRHEAD
Dr. W. R. Keir Care Centre

BLACK DIAMOND
Oilfield's General Hospital

BLAIRMORE
Crowsnest Pass Nursing Home

BONNYVILLE
Bonnyville Health Centre

BONNYVILLE
Extendicare Nursing Home

BOW ISLAND
Bow Island Health Centre

BROOKS
Brooks Health Centre

CALGARY
Bethany Care Centre

CALGARY
Beverly Nursing Home

CALGARY
Bow-Crest Nursing Home

CALGARY
Bow View Nursing Home

CALGARY
Brentwood Nursing Home

CALGARY
Central Park Lodge Nursing Home

CALGARY
Chinook Nursing Home

CALGARY
Colonel Belcher Hospital

CALGARY
Cross Bow Auxiliary Hospital

CALGARY
Dr. Vernon Fanning Extended Care Centre

CALGARY
Extendicare/Cedars Villa Nursing Home

CALGARY
Extendicare/Hillcrest Nursing Home

CALGARY
Extendicare/Scottish Nursing Home

CALGARY
Father Lacombe Nursing Home

CALGARY
Foothills Provincial Hospital

CALGARY
Forest Grove Care Centre

CALGARY
George Boyack Nursing Home

CALGARY
Glamorgan Nursing Home

CALGARY
Glenmore Park Auxiliary Hospital

CALGARY
Holy Cross Hospital

CALGARY
Mayfair Nursing Home

CALGARY
Rockyview General Hospital

CALGARY
Sarcee Auxiliary Hospital & Nursing Home

CALGARY
Southwood Nursing Home

CAMROSE
Bethany Care Centre

CANMORE
Canmore General and Auxiliary Hospital

CARDSTON
Cardston Municipal Hospital

CARDSTON
Grandview Nursing Home

CARMANGAY
Little Bow Auxiliary Hospital

CLARESHOLM
Willow Creek Auxiliary Hospital & Nursing Home

COALDALE
Coaldale Health Care Centre

COCHRANE
Bethany Care Centre Nursing Home

COLD LAKE
Cold Lake Regional Hospital

CORONATION
Coronation & District Health Care Complex

DIDSBURY
Mountain View Health Care Centre

DRAYTON VALLEY
Drayton Valley & District Health Care Complex

DRUMHELLER
Drumheller Regional Health Complex

EDMONTON
Aberhart Centre

EDMONTON
Allen Gray Auxiliary Hospital

EDMONTON
Central Park Lodge Nursing Home

EDMONTON
Dickinsfield Continuing Care Centre

EDMONTON
Edmonton General (Grey Nuns) of Edmonton

EDMONTON
Extendicare North Nursing Home

EDMONTON
Extendicare South Nursing Home

EDMONTON
Good Samaritan Auxiliary Hospital

EDMONTON
Good Samaritan (Mount Pleasant) Care Centre

EDMONTON
Good Samaritan (Southgate) Care Centre

EDMONTON
Grandview Continuing Care Centre

EDMONTON
Hardisty Nursing Home

EDMONTON
Jasper Place Central Park Lodge Nursing Home

EDMONTON
Jubilee Lodge Nursing Home

EDMONTON
Lynnwood Continuing Care Centre

EDMONTON
Mewburn Veterans Centre

EDMONTON
Millwoods Shepherd's Care Centre

EDMONTON
Norwood Continuing Care Centre

EDMONTON
St. Joseph's Auxiliary Hospital

EDMONTON
St. Michael's Extended Care Centre

EDMONTON
Venta Nursing Home

EDSON
Edson & District Healthcare Complex

FAIRVIEW
Fairview Health Complex

FORT MACLEOD
Extendicare Nursing Home

FORT SASKATCHEWAN
Rivercrest Lodge Nursing Home

GALAHAD
Galahad Health Care Centre

GRANDE PRAIRIE
Grande Prairie Care Centre

GRANDE PRAIRIE
Queen Elizabeth II Hospital

HANNA
Hanna Health Care Complex

HIGH PRAIRIE
High Prairie Regional Health Complex

HIGH RIVER
High River Hospital & Nursing Home

HYTHE
Hythe Hospital & Nursing Home

INNISFAIL
Innisfail Health Care Centre

ISLAY
Islay Municipal Hospital

KILLAM
Killam Health Care Centre

LAC LA BICHE
William J. Cadzow General Hospital

LACOMBE
Lacombe Community Health Care Centre

LAMONT
Archer Memorial Hospital

LAMONT
Lamont Auxiliary Hospital & Nursing Home

LEDUC
Extendicare Nursing Home

LEDUC
Salem Manor Nursing Home

LETHBRIDGE
Edith Cavell Care Centre

LETHBRIDGE
Extendicare Nursing Home

LETHBRIDGE
St. Michael's Health Centre-Auxiliary Site

LETHBRIDGE
St. Michael's Health Centre-Southland Site

LINDEN
Linden Nursing Home

LLOYDMINSTER
Dr. Cooke Nursing Home

LLOYDMINSTER
Lloydminster Auxiliary Hospital

MANNVILLE
Mannville General & Auxiliary Hospital and Nursing Home District No. 1

MAYERTHORPE
Extendicare Nursing Home

MAYERTHORPE
Mayerthorpe General Hospital

MCLENNAN
McLennan Sacred Heart Health Centre

MEDICINE HAT
Central Park Lodge Nursing Home

MEDICINE HAT
Medicine Hat Regional Hospital

MEDICINE HAT
Sunnyside Nursing Home

MUNDARE
Mary Immaculate General Hospital

OLDS
Olds Health Care Complex

OYEN
Big Country Hospital

PEACE RIVER
Peace River Hospital Complex

PINCHER CREEK
Pincher Creek Municipal Hospital

PONOKA
Northcott Lodge Nursing Home

PONOKA
Ponoka General Hospital

PROVOST
Provost Health Care Centre

RADWAY
Radway Health Care Centre

RAYMOND
Raymond General Hospital

RED DEER
Dr. Richard Parsons Auxiliary Hospital

RED DEER
Red Deer Nursing Home

RED DEER
Red Deer Regional Hospital Centre

RED DEER
Valley Park Manor Nursing Home

RED DEER
West Park Nursing Home

RIMBEY
Rimbey & District Health Care Centre

ROCKY MOUNTAIN HOUSE
Rocky Mountain House General Hospital

ST. ALBERT
Youville Nursing Home

ST. PAUL
Extendicare Nursing Home

ST. PAUL
St. Therese Hospital &
J. P. Decosse Auxiliary Hospital

SHERWOOD PARK
Sherwood Park Nursing Home

SMOKY LAKE
George McDougall Memorial Hospital

SMOKY LAKE
Smoky Lake Nursing Home

STETTLER
Stettler Health Care Complex

STONY PLAIN
Good Samaritan Care Centre

STRATHMORE
Valley General Hospital &
Extended Care Centre

TABER
Taber & District Health Care Complex

THREE HILLS
Three Hills Health Care Centre

TOFIELD
Tofield Health Centre

TROCHU
St. Mary's Health Care Centre

TWO HILLS
Two Hills Health Care Centre

VEGREVILLE
Vegreville Long Term Care Centre

VERMILION
Vermilion Health Care Complex

VIKING
Extendicare Nursing Home

VULCAN
Extendicare Nursing Home

WAINWRIGHT
Wainwright & District Health Care Complex

WESTLOCK
Thorhild Westlock Auxiliary Hospital & Nursing Home
District 26

WETASKIWIN
Wetaskiwin Hospital

WHITELAW
Hotel Dieu de St. Joseph Auxiliary Hospital

SENIOR CITIZENS' LODGES

ANDREW
Andrew Senior Citizens' Lodge

ATHABASCA
Pleasant Valley Lodge

BARRHEAD
Hillcrest Senior Citizens' Lodge

BASHAW
Bashaw Valley Lodge

BASSANO
Playfair Lodge

BERWYN
Autumn Lodge

BLACK DIAMOND
High Country Lodge

BLAIRMORE
York Creek Lodge

BONNYVILLE
Bonny Lodge

BOW ISLAND
Pleasant View Lodge

BOYLE
Wild Rose Villa

BROOKS
Newbrook Lodge

CALGARY
Beaver Dam Lodge #1200

CALGARY
Bow Valley Lodge #100

CALGARY
Bow Valley Lodge #200

CALGARY
Bow Valley Lodge #300

CALGARY
Bow Valley Lodge #1100

CALGARY
Confederation Park #1000

CALGARY
Elbow Valley Lodge #700

CALGARY
Elbow Valley Lodge #800

CALGARY
Jacques Lodge #400

CALGARY
Jacques Lodge #500

CALGARY
Jacques Lodge #600

CALGARY
James Shouldice Lodge #1300

CALGARY
Rundle Lodge #900

CALGARY
Valleyview Lodge #1400

CAMROSE
Rosealta Lodge

CAMROSE
Stoney Creek Lodge

CANMORE
Bow River Lodge

CARDSTON
Chinook Lodge

CARSTAIRS
Chinook Winds Lodge

CASTOR
Paintearth Lodge

CLARESHOLM
Porcupine Hills Lodge

COALDALE
Sunny South Lodge

COCHRANE
Big Hill Lodge

COLD LAKE
Cold Lake Senior Citizens' Lodge

CONSORT
Consort Senior Citizens' Lodge

CROSSFIELD
Rocky View Lodge

DRAYTON VALLEY
Shangri-La Lodge

DRUMHELLER
Sunshine Lodge

ECKVILLE
Eckville Manor House

EDMONTON
Belvedere Lodge

EDMONTON
Bethany Lodge

EDMONTON
Beverly Lodge

EDMONTON
Elmwood Lodge

EDMONTON
Kiwanis Place Lodge

EDMONTON
McCauley Lodge

EDMONTON
McQueen Lodge

EDMONTON
Meadowlark Lodge

EDMONTON
Northway Lodge

EDMONTON
Ottewell Lodge

EDMONTON
Pleasantview Place Lodge

EDMONTON
Queen Alexandra Lodge

EDMONTON
Rosslyn Lodge

EDMONTON
Virginia Park Lodge

EDSON
Parkland Lodge

ELK POINT
Heritage Lodge

EVANSBURG
Sunshine Lodge

FALHER
Villa Beausejour

FORESTBURG
Big Knife Villa

FORT CHIPEWYAN
Ayabaskaw House

FORT MACLEOD
Pioneer Lodge

FORT SASKATCHEWAN
Dr. Turner Lodge

GIBBONS
Spruce View Manor

GRANDE PRAIRIE
Heritage Lodge

GRANDE PRAIRIE
Pioneer Lodge

GRANDE PRAIRIE
Wild Rose Manor

HANNA
Hanna Lodge

HIGH PRAIRIE
Pleasant View Lodge

HIGH RIVER
Medicine Tree Manor

HINES CREEK
Homesteader Lodge

HOLDEN
Holden Lodge

HYTHE
Hythe Pioneer Home

INNISFAIL
Autumn Glen Lodge

LAC LA BICHE
Lacalta Lodge

LACOMBE
Lacombe Lodge

LAMONT
Beaverhill Pioneer Lodge

LEDUC
Planeview Manor

LEGAL
Chateau Sturgeon Lodge

LETHBRIDGE
Alberta Rose Lodge

LETHBRIDGE
Blue Sky Lodge

LETHBRIDGE
Golden Acres Lodge

LETHBRIDGE
Green Acres Lodge

LETHBRIDGE
Heritage Lodge

LLOYDMINSTER
Pioneer Lodge

MAGRATH
Diamond Willow Terrace Lodge

MANNING
Del-Air Lodge

MAYERTHORPE
Pleasant View Lodge

MEDICINE HAT
Cypress View Lodge

MEDICINE HAT
Teeoda Lodge

MEDICINE HAT
Wild Rose Senior Citizens' Lodge

MILK RIVER
Prairie Rose Lodge

MORINVILLE
Heritage Place Lodge

MUNDARE
Father Filas Manor

MYRNAM
Eagle View Lodge

NANTON
Silver Willow Lodge

OLDS
Mount View Lodge

OYEN
Prairie Home Lodge

PEACE RIVER
Heritage Tower Lodge

PICTURE BUTTE
Piyami Lodge

PINCHER CREEK
Crest View Lodge

PONOKA
Golden Leisure Lodge

PROVOST
Hillcrest Lodge

RAYMOND
Ridgeview Lodge

RED DEER
Parkvale Lodge

RED DEER
Pines Lodge

RED DEER
Piper Creek Lodge

REDWATER
Diamond Spring Lodge

RIMBEY
Parkland Manor

ROCKY MOUNTAIN HOUSE
Westview Lodge

ST. ALBERT
Chateau Mission Court

ST. PAUL
Sunnyside Manor

SEDGEWICK
Flagstaff Lodge

SHERWOOD PARK
Clover Bar Lodge

SMOKY LAKE
Bar-V-Nook Manor

SPIRIT RIVER
Pleasant View Lodge

STETTLER
Heart Haven Home

STONY PLAIN
Whispering Waters Manor

STRATHMORE
Wheatland Lodge

SUNDRE
Foothills Retreat Lodge

SYLVAN LAKE
Sylvan Lake Lodge

TABER
Clearview Lodge

THORHILD
Thorhild Lodge

THREE HILLS
Golden Hills Lodge

TOFIELD
Tofield Lodge

TWO HILLS
Hillside Senior Citizens' Lodge

VALLEYVIEW
Red Willow Lodge

VEGREVILLE
The Homestead

VERMILION
Vermilion Valley Lodge

VIKING
Vialta Lodge

VILNA
Vilna Lodge

VULCAN
Peter Dawson Lodge

WAINWRIGHT
Battle River Lodge

WARBURG
Clover Leaf Manor

WESTLOCK
Pembina Lodge

WESTLOCK
Smithfield Lodge

WETASKIWIN
Peace Hills Lodge

WILLINGDON
Eagle Hill Manor

WINFIELD
West Pine Lodge